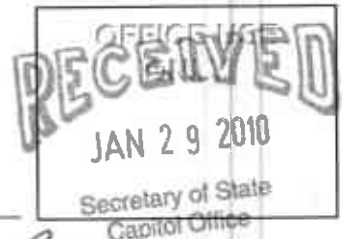


CANDIDATE REPORT OF 2008
RECEIPTS AND DISBURSEMENTS



Name of Candidate KEVIN MCGEE
Address 201 MEADOWLANDS DR County RAVENS
Telephone (Work) 601-939-4910 (Home) 601-829-9701 (Fax) _____
Contact Name KEVIN MCGEE Email Address KMCGEE@HOUSE.MS.GOV
Office Sought _____ Political Party _____

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- ____ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory
____ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates
☒ January 31, ~~2009~~ 2010 Annual Report (January 1, ~~2008~~ 2009, through December 31, ~~2008~~ 2009).....Mandatory
____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (II) and (III).
(3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
(4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	<u>4800</u> + \$ <u>2400</u>	\$ <u>7200</u>	\$ <u>7200</u>
Total amount of disbursements \$	<u>915</u> + \$ <u>1547</u> ⁶³	\$ <u>2462</u> ⁶³	\$ <u>2462</u> ⁶³
Total amount of cash on hand		\$ <u>15,006.67</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

(Signature of Candidate) Kevin McGee

(Date) 1/28/10

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

KEVIN MCGEEReporting period JAN 1, 2009 through DEC 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>RAVIGN CO REPUBLICAN EXECUTIVE COMMITTEE</u>	<u>4/16/09</u>	\$ <u>465-</u>
Mailing Address		
<u>205 SUNRISE POINT DR</u>	<u>11/23/09</u>	\$ <u>450</u>
City, State, Zip Code		
<u>BRANDON MS 39047</u>	Aggregate Year-to-date	\$ <u>915-</u>
Purpose of Disbursement (Optional)		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee KEVIN MCGEE
Reporting period JAN 1, 2009 through DEC 31, 2009

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>6/11/09</u>	\$ <u>300⁰⁰</u>
Mailing Address		<u>1/1/</u>	\$
City, State, Zip Code		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>6/11/09</u>	\$ <u>500⁰⁰</u>
Mailing Address		<u>1/1/</u>	\$
City, State, Zip Code		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>6/11/09</u>	\$ <u>500⁰⁰</u>
Mailing Address		<u>1/1/</u>	\$
City, State, Zip Code		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>6/11/09</u>	\$ <u>500⁰⁰</u>
Mailing Address		<u>1/1/</u>	\$
City, State, Zip Code		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee KEVIN MCGEE
Reporting period JAN 1, 2009 through DEC 31, 2009

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name BRANDON HERITAGE CARE LLC		<u>6/11/09</u>	<u>\$ 250⁰⁰</u>
Mailing Address 140 CASTLEWOODS BLVD		<u>1</u> <u>1</u>	<u>\$</u>
City, State, Zip Code BRANDON MS 39047		<u>1</u> <u>1</u>	<u>\$</u>
Name of Employer (Required) _____		<u>1</u> <u>1</u>	<u>\$</u>
Occupation (Required) _____		Aggregate year-to-date	<u>\$</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name STONE CREEK ASSETS LLC		<u>6/11/09</u>	<u>\$ 250⁰⁰</u>
Mailing Address P.O. Box 320219		<u>1</u> <u>1</u>	<u>\$</u>
City, State, Zip Code FLOWOOD MS 39232		<u>1</u> <u>1</u>	<u>\$</u>
Name of Employer (Required) _____		<u>1</u> <u>1</u>	<u>\$</u>
Occupation (Required) _____		Aggregate year-to-date	<u>\$</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name BAXTER BURNS		<u>6/11/09</u>	<u>\$ 500⁰⁰</u>
Mailing Address 212 ARTHURS COURT		<u>1</u> <u>1</u>	<u>\$</u>
City, State, Zip Code BRANDON MS 39047		<u>1</u> <u>1</u>	<u>\$</u>
Name of Employer (Required) ERGON		<u>1</u> <u>1</u>	<u>\$</u>
Occupation (Required) _____		Aggregate year-to-date	<u>\$</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name TREASURER LOANS OF BATESVILLE		<u>6/11/09</u>	<u>\$ 500⁰⁰</u>
Mailing Address 345 HWY 6 WEST		<u>1</u> <u>1</u>	<u>\$</u>
City, State, Zip Code BATESVILLE MS 38606		<u>1</u> <u>1</u>	<u>\$</u>
Name of Employer (Required) _____		<u>1</u> <u>1</u>	<u>\$</u>
Occupation (Required) _____		Aggregate year-to-date	<u>\$</u>

Name of Candidate or Committee KEVIN MCGEE
Reporting period JAN 1, 2009 through DEC 31, 2009

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		9/1/09	\$ 250 ⁰⁰
MS POWER COMPANY PAC			
Mailing Address		1/1	\$
P.O. Box 4079			
City, State, Zip Code		1/1	\$
GULFPORT MS 39502			
Name of Employer (Required)		1/1	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		10/20/09	\$ 250 ⁰⁰
GEORGIA PACIFIC			
Mailing Address		1/1	\$
P.O. Box 61270			
City, State, Zip Code		1/1	\$
PHOENIX AZ 85082-1270			
Name of Employer (Required)		1/1	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		12/4/09	\$ 500 ⁰⁰
AT&T PAC			
Mailing Address		1/1	\$
175 E. CAPITAL ST Room 703			
City, State, Zip Code		1/1	\$
JACKSON MS 39201			
Name of Employer (Required)		1/1	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		12/8/09	\$ 500 ⁰⁰
ELECTRIC POWER ASSOCS OF MISSISSIPPI			
Mailing Address		1/1	\$
P.O. Box 3300			
City, State, Zip Code		1/1	\$
RIDGELAND MS 39158			
Name of Employer (Required)		1/1	\$
Occupation (Required)		Aggregate year-to-date	\$